



Date Received by Academic Department: _____

ADJUNCT FACULTY TEACHING AVAILABILITY FORM

NAME _____ SS# (Last 4 Digits): XXX-XX

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

PROGRAM _____ COLLEGE _____

DATE LAST TAUGHT AT THE COLLEGE: _____

Please indicate when you are available to teach during Academic Year: 201_____ - 201_____

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available Times & Days	Fall							
Available Times & Days	Spring							

List the courses are you interested in teaching, in order of preference:

Relevant information/preferred delivery method/special considerations:

Please refer to Article 8, Appointments & Assignments, for information concerning the Teaching Availability Form. The agreement for Covered Adjunct Faculty may be found at www.ccsnh.edu/human_resources.

Signature

Date

Please note it is the adjunct faculty member's responsibility to return this completed form if interested in receiving an instructional assignment. This form must be submitted to the College's Academic Department Chair or Vice-President of Academic Affairs. Completion of this form does not guarantee any particular teaching assignment.

February 15: For Fall Semester Courses

October 15: For Spring Semester Courses